Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report	filed on 09 / 24 / 2014
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	09 22 2014
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	133.16
Washington DC 20001	Transaction ID : D540573  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	09 / 22 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
MITCH MCCONNELL Oppose	President State: KY
Calorida Toda To Bato	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	09 22 2014
Mailing Address 100 Indiana Avenue, N.W.	
	Amount
City State Zip Code	658.87
Washington DC 20001	Transaction ID: D540574  Date of Disbursement or Obligation
Purpose of Expenditure  Category/  Category/	M = M / D = D / Y = Y = Y
InKind Staff  Type  001	09 22 2014
Name of Federal Candidate Support	Office Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
	Disbursement For: Primary X General 2014 Other (specify) ▶
, , ,	United (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	792.03
(b) SUBTOTAL of Unitemized Independent Expenditures	•
	7 7
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014
Signature	لىتتىا لىا لىا

Schedule E)	JII 0.1.20	PAGE 2 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New re	eport X Amends report	t filed on 09 / 24 / 2014
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITIC	CAL EDUCATION	Date of Public Distribution/Dissemination  M
Mailing Address 100 Indiana Avenue, N.W.		Amount
City State	Zip Code	133.16
Washington DC	20001	Transaction ID : D540578  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support (	Office Sought: House District:00
ALISON LUNDERGAN GRIMES	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
Full Name of Payee Voices of the American Federation of Governme  Mailing Address 80 F Street, NW	nt Employees	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	65.40
Washington DC	20001	Transaction ID : D540614  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / D D / Y Y Y Y 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		198.56
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New repo	ort Amends report filed on 09 / 24 / 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Governm	09 / 22 / 2014
Mailing Address 80 F Street, NW	Amount
City State 2	Zip Code 65.40
	20001 Transaction ID : D540617 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002 09 22 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MITCH MCCONNELL	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Government	
Mailing Address 80 F Street, NW	Amount
City State	Zip Code 95.52
Washington DC	20001 Transaction ID : D540618 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002 09 / 22 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MARK E UDALL	Oppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	reported herein were not made in cooperation, consultation, or concert committee or agent of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler [Electronic	cally Filed] Date 10 17 2014
Signature	

PAGE

OF

18

Schedule E)	PENT EXTEN	DITORILO	PAGE 4 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New r	eport X Amends repo	t filed on 09 24 2014
Full Name of Payee Voices of the American Federat	ion of Govern	nment Employees	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW			Amount
City	State	Zip Code	1.33
Washington	DC	20001	Transaction ID : D540621  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
CORY GARDNER		X Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		11864.52	Disbursement For:
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW			09 22 2014 Amount
			Attiount
City	State	Zip Code	13.88
Washington  Purpose of Expenditure	DC	20006	Transaction ID : D540635  Date of Disbursement or Obligation
Walk Packets		Category/ Type 004	09 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		31089.57	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		15.21
(b) SUBTOTAL of Unitemized Independent Exp	penditures		
(a) action is a composition of the	onataroo mimimi		79. 79. 70.
(c) TOTAL Independent Expenditures			<b>)</b>
	ndidate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	conically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Check if 24-hour report 48-hour report New report Amends report filed on 09 24 20  Full Name of Payee AFL-CIO  Mailing Address 815 - 16th Street, NW  City State Zip Code  Washington DC 20006  Purpose of Expenditure  Category/  Category/  Manuals report filed on 09 24 20  Date of Public Distribution/Disser  Amount  Transaction ID: D540642  Date of Disbursement or Obligation	014 mination 2014
Check if 24-hour report	15.22
Check if 24-hour report	15.22
AFL-CIO  Mailing Address 815 - 16th Street, NW  City State Zip Code  Washington DC 20006  Purpose of Expenditure  Walk Packets  Category/ Type 004  Name of Extend Operation ID: D540642  Date of Disbursement or Obligate  Og / 22 / Y	2014 15.22
Mailing Address 815 - 16th Street, NW  City State Zip Code Washington DC 20006  Purpose of Expenditure Walk Packets  Category/ Type 004  Name of Extend Operation	15.22 ion
City State Zip Code  Washington DC 20006 Transaction ID : D540642  Date of Disbursement or Obligate  Purpose of Expenditure  Walk Packets Category/ Type 004 09 22 / Y	ion
Washington DC 20006 Transaction ID : D540642 Date of Disbursement or Obligate Walk Packets Category/ Type 004  Name of Ficher Constitute	ion
Washington DC 20006 Transaction ID : D540642 Date of Disbursement or Obligate Walk Packets Category/ Type 004  Name of Ficher Constitute	ion
Purpose of Expenditure Walk Packets  Category/ Type 004 09 / 22	Y Y Y
Name of Federal Candidate    Support   Office Sought:   House District	
N Support   Since Sought.   Troube Blothe	t:00
ALISON LUNDERGAN GRIMES  Oppose President State State	_
Calendar Year-To-Date Per Election for Office Sought  27466.72  Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Disser	mination
	2014
Mailing Address 815 - 16th Street, NW Amount	
City State Zip Code	15.22
Washington DC 20006 Transaction ID : D540646 Date of Disbursement or Obligate	ion
	2014 Y
Name of Federal Candidate Support Office Sought: House Distric	et:00
MITCH MCCONNELL	_
Calendar Year-To-Date Per Election for Office Sought  27466.72  Disbursement For: Primary  2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	30.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, o with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date 10 17 2014  Signature	

Schedule E)	EXI ENDI	TOTILO		PAGE 6 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on 09	24 2014
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
AFL-CIO			09	22 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		7.31
Washington	DC	20006		n ID: D540647 sbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 09	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		11864.52	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
AFL-CIO			09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		23.72
Washington	DC	20006		n ID: D540651 sbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 09	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		31089.57	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditures.				31.03
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Elizabeth H Shuler	[Electroni	cally Filed] Date	10 / 17	
Signature				

Schedule E)	DITOTIES	PAGE 7 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New re	eport X Amends report fil	led on 09 24 2014
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.		09 22 2014 Amount
City State	Zip Code	61.65
Washington DC	20001	Transaction ID : D540652 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 22 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District:00
TERRI LYNN LAND	Oppose [	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	31089.57 Dia 20	sbursement For:  Primary
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.		09 22 2014
		Amount
City State	Zip Code	61.65
Washington DC  Purpose of Expenditure	20001	Transaction ID : D540654  Date of Disbursement or Obligation
InKind Staff	Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00
GARY PETERS	Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		123.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
	,	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)		PAGE 8 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report X An	nends report filed on	09 / 24 / 2014
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW	Amor	09 22 2014 unt
City State Zip Code		164.65
Washington DC 20006-159		saction ID : D540656 of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type	001	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ht: House District: 00
TERRITANIA	Oppose Presid	dent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 31089.57	Disburseme 2014	nt For:
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project  Mailing Address 1775 K Street, NW	Date	of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code		18.40
Washington DC 20006-159		action ID : D540659 of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type		M 09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ht: House District: 00
ALISON LUNDEDGAN CDIMES	Oppose Presid	dent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 27466.7	Disburseme 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······ <b>.</b>	183.05
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10	17 2014
Signature		

Schedule E)	IDENT EXITER	STIGHTS	PAGE 9 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	ort New re	eport X Amends repo	rt filed on 09 24 2014
Full Name of Payee UFCW Int'l Union Working Far	milies Advocacy	y Project	Date of Public Distribution/Dissemination  09  09  09  09  09
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	234.21
Washington	DC	20006-1598	Transaction ID : D540661 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate		X Support	Office Sought: House District:00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		31089.57	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Famil	ies Advocacv Pr	roiect	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 / 22 / 2014
THO ICOLOGI, INV			Amount
City	State	Zip Code	18.40
Washington  Purpose of Expenditure	DC	20006-1598	Transaction ID : D540662  Date of Disbursement or Obligation
InKind Staff		Category/ Type 001	09 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, ,	27466.72	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		. ▶ 252.61
(b) SUBTOTAL of Unitemized Independent E	ven an diturna		
(b) SOBTOTAL OF OFficernized independent E	xperialitires		· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 2014
Signature			

Schedule E)	PAGE 10 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report file	ed on 09 24 2014
Full Name of Payee Colorado AFL-CIO L2K	Date of Public Distribution/Dissemination
Mailing Address 140 Sheridan Blvd	09
City State Zip Code	49.55
Denver CO 80226	Transaction ID : D540669  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought  Dist 201	bursement For:  Primary  General  Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account  Mailing Address 30 E29th St.	Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	64.32
New York NY 10016	Transaction ID : D540675 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ice Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	113.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not new ith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014
Signature	

Schedule E)		PAGE 11 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	1	FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report X		9 24 2014
Full Name of Payee NCFO/SEIU 32BJ	M	f Public Distribution/Dissemination
Mailing Address 1212 Bath Ave	Amoun	09 22 2014
Floor F&O	7	
City State Zip Code	e	18.61
Ashland KY 41101-2		nction ID: D540677  f Disbursement or Obligation
Purpose of Expenditure InKind Staff  Catego Ty	ory/ ope 001	09 / 22 / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	: House District: 00
ALISON LUNDERGAN GRIMES	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 27466.72	Disbursement 2014 Ott	For: Primary ⊠ General her (specify) ▶
Full Name of Payee	Date o	f Public Distribution/Dissemination
NCFO/SEIU 32BJ		09 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1212 Bath Ave	Amoun	nt .
Floor F&O	74110411	
City State Zip Code	e	18.61
Ashland KY 41101-2		ction ID: D540678 f Disbursement or Obligation
Purpose of Expenditure InKind Staff  Catego Ty	ppe 001	09 22 / Y Y Y Y
Name of Federal Candidate	Support Office Sought	: House District: 00
MITCH MCCONNELL	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought 2746	6.72 Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		37.22
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	4
(c) TOTAL Independent Expenditures	······································	7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed] Signature	d] Date 10	17 / 2014
oignatur <del>e</del>		

Schedule E)				PAGE 12 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C00484287
Check if 24-hour report X 48-hour report	New rep	ort X Amends repo	ort filed on 09	
Full Name of Payee AFSCME for Michigan			M	
Mailing Address 1625 L Street, NW			Amount	9 22 2014
City	State	Zip Code		226.80
Washington	DC	20036		tion ID : D540682 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	0.5	
Name of Federal Candidate		Support	Office Sought:	House District:00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		31089.57	Disbursement F 2014 Othe	For: Primary
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW			Date of  Mo  Amount	
City	State	Zip Code		187.74
Washington	DC	20036		ion ID : D540684 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	31089.57	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·s		<b>.</b>	414.54
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 1 7 1 2
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		17 2014
Signature				

	Siledule Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
٧	Vorkers' Voice	C C00484287					
Ch	neck if 24-hour report X 48-hour report New report X Amends report filed	i on 09 / 24 / 2014					
	Full Name of Payee	Date of Public Distribution/Dissemination					
	AFSCME for Michigan	09					
	Mailing Address 1625 L Street, NW	Amount					
	City State Zip Code	259.31					
	Washington DC 20036	Transaction ID : D540685 Date of Disbursement or Obligation					
	Purpose of Expenditure Inkind Staff Travel  Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support Offic	e Sought: House District: 00					
	GARY PETERS Oppose	President State: MI					
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014						
	Tel Liection for Office Sought	U Other (specify) ▶					
	Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination					
	Mailing Address 1625 L Street, NW	09 22 2014 Amount					
		, and an					
	City State Zip Code	226.80					
	Washington DC 20036	Transaction ID : D540686  Date of Disbursement or Obligation					
	Purpose of Expenditure InKind Staff  Category/ Type 001	09 / 22 / 2014					
	Name of Federal Candidate Support Office	e Sought: House District: 00					
	TERRILIANIA	President Senate State: MI					
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary  General  Other (specify) ▶					
	(a) SUBTOTAL of Itemized Independent Expenditures	486.11					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		10 17 2014					
	Signature						

PAGE 13

OF

18

Schedule E)	DENT EXPEND			PAGE 14 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC I	FEC IDENTIFICATION NUMBER ▼				
Workers' Voice				C00484287		
Check if 24-hour report 48-hour report New report Amends report filed on 09 24 2014						
Full Name of Payee Michigan Nurses Association G	eneral Accoun	ıt	M = M	ic Distribution/Dissemination		
Mailing Address 2310 Jolly Oak Road			Amount	22 2014		
City	State	Zip Code		12.53		
Okemos	MI	48864		ID: D540691 ursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	09	22 / 2014		
Name of Federal Candidate		X Support	Office Sought:	House District: 00		
GARY PETERS		Oppose		Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		31089.57	Disbursement For: 2014 Other (s	Primary		
Full Name of Payee Michigan Nurses Association Ger	neral Account		Date of Publ	ic Distribution/Dissemination		
Mailing Address 2310 Jolly Oak Road			09 Amount	22 2014		
City	State	Zip Code		12.53		
Okemos	MI	48864	Transaction I			
Purpose of Expenditure InKind Staff		Category/ Type 001	09	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
TERRI LYNN LAND		X Oppose	President	Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		31089.57	Disbursement For: 2014 Other (s	Primary X General pecify) ▶		
(a) SUBTOTAL of Itemized Independent Exper	nditures		·	25.06		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			. •	7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 / 17	2014		

Schedule E)	IVI EXI END	TIONES		PAGE 15 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼				
Workers' Voice	C	00484287				
Check if 24-hour report						
Full Name of Payee USW Works			Date of Public	Distribution/Dissemination		
Mailing Address FIVE GATEWAY CENTER			09 Amount	22 2014		
City Pittsburgh	State PA	Zip Code 15222	Transaction ID	45.57 <b>9 : D540582</b> sement or Obligation		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbuts	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
TERRI LYNN LAND		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought	, ,	31089.57	Disbursement For: [2014 Other (spe	Primary		
Full Name of Payee USW Works			M = M /	Distribution/Dissemination		
Mailing Address FIVE GATEWAY CENTER			09 Amount	22 2014		
City	State	Zip Code		783.34		
Pittsburgh	PA	15222	Transaction ID  Date of Disbur			
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09 /	22 / 2014		
Name of Federal Candidate		X Support	Office Sought:	House District: 00		
ALISON LUNDERGAN GRIMES		Oppose	President X	Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought	, ,	27466.72	Disbursement For: 2014 Other (spe	Primary X General		
(a) SUBTOTAL of Itemized Independent Expenditu	ures			828.91		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			<b>)</b>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17	2014		
Signature				_		

Sched	lule E)	1 =/(1 = (1 = )	1101120			PAGE 16 OF FOR SE OF FORM	
	OF COMMITTEE (In Full)					NTIFICATION NU	
Workers' Voice					C	00484287	
Check if	Check if 24-hour report X 48-hour report New report X Amends report filed on 09 24 2014						
Full	Name of Payee SW Works			Date	M = M /		Y
Mail	ling Address FIVE GATEWAY CENTER			Amo	09 ount	22 2	014
City		State	Zip Code	$ \Gamma$			352.95
Pitt	sburgh	PA	15222		saction ID of Disburs	: <b>D540589</b> sement or Obligati	
	pose of Expenditure ind Staff Travel		Category/ Type 002		M M / 09	D D / Y	2014
Nan	ne of Federal Candidate		Support	Office Soug	aht:	House District	: 00
МІТ	TCH MCCONNELL		X Oppose	Presi		Senate State	: KY
	Calendar Year-To-Date Per Election for Office Sought	7 7	27466.72	Disburseme 2014	ent For: Other (spec		General
	Name of Payee SW Works			Date	M = M /		Y Y Y
Mai	ling Address FIVE GATEWAY CENTER			Amo	09 ount	22 2	2014
City	,	State	Zip Code				193.72
	tsburgh	PA	15222		saction ID :		-
	pose of Expenditure ind Staff Travel		Category/ Type 002		09	D D / Y	2014
	ne of Federal Candidate		X Support	Office Soug	ght:	House Distric	t: <u>00</u>
GA	RY PETERS		Oppose	Presi	ident X	Senate State	e:MI
	Calendar Year-To-Date Per Election for Office Sought	, ,	31089.57	Disburseme 2014	ent For: Other (spec		General
(a) S	SUBTOTAL of Itemized Independent Expenditure	÷s			- 70	54	6.67
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) T	TOTAL Independent Expenditures				-7	7	-
with,	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Dai	te 10	17	2014	1
Si	ignature						•

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Workers' Voice	C C00484287					
Check if 24-hour report X 48-hour report New report X Amends report filed	i on 09 / 24 / 2014					
Full Name of Payee USW Works	Date of Public Distribution/Dissemination					
	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address FIVE GATEWAY CENTER	Amount					
City State Zip Code	443.14					
Pittsburgh PA 15222	Transaction ID : D540598  Date of Disbursement or Obligation					
Purpose of Expenditure InKind Staff  Category/ Type  001	09 22 / 2014					
Name of Federal Candidate Support Office	e Sought: House District:00					
GARY PETERS Oppose	President State: MI					
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:  Primary					
Full Name of Payee USW Works	Date of Public Distribution/Dissemination					
	09 22 2014					
Mailing Address FIVE GATEWAY CENTER	Amount					
City State Zip Code	783.34					
Pittsburgh PA 15222	Transaction ID : D540600  Date of Disbursement or Obligation					
Purpose of Expenditure InKind Staff  Category/ Type  001	09 / 22 / 2014					
	e Sought: House District: 00					
MITCH MCCONNELL Oppose	President X Senate State: KY					
Calendar Year-To-Date Per Election for Office Sought  Disbut 27466.72	ursement For: ☐ Primary X General  Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	1226.48					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•					
Ms. Elizabeth H Shuler  [Electronically Filed] Date 1	10 17 2014					
Signature						

Schedule E)	VI EXI END	TTOTIES		PAGE 18 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  Works and 1 Vision						
Workers' Voice				C00484287		
Check if 24-hour report						
Full Name of Payee USW Works			Date of Publ	ic Distribution/Dissemination		
Mailing Address FIVE GATEWAY CENTER			09 Amount	22 2014		
			7 illount			
City	State	Zip Code		182.28		
Pittsburgh	PA	15222		ID: D540601 oursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001	09	22 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
MARK E UDALL		Oppose	President	Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11864.52	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ▶		
Full Name of Payee	_		Date of Publ	lic Distribution/Dissemination		
USW Works			09	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address FIVE GATEWAY CENTER			Amount			
City	State	Zip Code		352.95		
Pittsburgh	PA	15222	Transaction I Date of Disb	ID: D540605 oursement or Obligation		
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09	22 / 2014		
Name of Federal Candidate		X Support	Office Sought:	House District: 00		
ALISON LUNDERGAN GRIMES		Oppose	President	Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought	7 7	27466.72	Disbursement For: 2014 Other (s	Primary X General pecify) ►		
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>.</b>	535.23		
			,	4		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			<b>)</b>	6001.24		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17	2014		
Signature						